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Attorneys for Plaintiff DAVID COUCH, Sr.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA**

DAVID COUCH, Sr., and JEANELLE
COUCH; both individually and as
successors in interest to DAVID COUCH,
Jr. Decedent,

Plaintiffs,

v.

STATE OF CALIFORNIA, by and
through CALIFORNIA HIGHWAY
PATROL; RYAN CATES; SHASTA
COUNTY; and DOES 1-210, inclusive,

Defendants.

Case No. 2:24-cv-00481-TLN-AC

[*Honorable Troy L. Nunley*]
Magistrate Judge Allison Claire

**DECLARATION OF PLAINTIFF,
DAVID COUCH, Sr., PURSUANT
TO SECTION 377.32 OF THE
CALIFORNIA CODE OF CIVIL
PROCEDURE**

DECLARATION OF DAVID COUCH, SR. PURSUANT TO CALIFORNIA
CODE OF CIVIL PROCEDURE SECTION 377.32

I, DAVID COUCH, Sr., declare as follows:

1. I am over the age of 18 years. I have personal knowledge of the facts contained in this declaration, and if called as a witness I could and would testify competently to the truth of the facts stated herein.

2. I am the natural father of decedent, DAVID COUCH, who died on February 9, 2023 in the County of Shasta, California.

3. No proceeding is now pending in California for administration of the decedent's estate. Further, no proceeding for admission of decedent's estate is pending in any other state court at this time.

4. The affiant or declarant is the decedent's successor in interest (as defined in Section 377.11 of the California Code of Civil Procedure) and succeeds to the decedent's interest in the action or proceeding.

5. No other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding besides the equal right of JEANELLE COUCH, the natural mother of decedent, which is subject to a separate successor in interest declaration. Decedent had no children and was not married.

6. A certified copy of decedent's death certificate is attached hereto as Exhibit "A."

The affiant or declarant affirms or declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on this 7th day of May 2025, in County of Shasta, California.

Signed by:

David Couch

464F6587236845F...

DAVID COUCH, SR.

EXHIBIT A

CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA

2650 BRESLAUER WAY
REDDING, CALIFORNIA 96001

3052023050849

CERTIFICATE OF DEATH

3202345000380

67028 FILE #/A/B/C/D		STATE OF CALIFORNIA 1920-1930 ONLY / 1930-1940 ONLY / 1940-1950 ONLY / 1950-1960 ONLY		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE		3. LAST (First)	
DAVID		LAWRENCE		COUCH, III	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
08/17/1991		31		M	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER		9. MARITAL STATUS (at Time of Death)	
CA		576-57-7433		NEVER MARRIED	
10. EDUCATION - Highest Level (Degree)		11. WAS DECEDENT HISPANIC/LATINO/AMERICAN INDIAN? (If yes, one initial on back)		12. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
13. USUAL OCCUPATION - Type of work for most of life; DO NOT USE REDUCED		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		15. YEARS IN OCCUPATION	
COOK		RESTAURANT		3	
16. DECEDENT'S RESIDENCE (Street and number, or location)		17. CITY		18. COUNTY/PROVINCE	
3060 ISLAND DRIVE		REDDING		SHASTA	
19. DECEASED'S NAME, RELATIONSHIP		20. ADDRESS (Street and number, or rural route, or town, state and zip)		21. ZIP CODE	
LARRY WILLIAM METZGER, FATHER		3060 ISLAND DRIVE, REDDING, CA 96001		96001	
22. NAME OF SURVIVING SPOUSE/COMP-First		23. MIDDLE		24. LAST (First Name)	
-		-		-	
25. NAME OF FATHER/Parent-First		26. MIDDLE		27. LAST	
LARRY		WILLIAM		METZGER	
28. NAME OF MOTHER/Parent-First		29. MIDDLE		30. LAST	
JEANELLE		REBECCA		PERRYMAN	
31. DISPOSITION DATE mm/dd/yyyy		32. PLACE OF FINAL DISPOSITION		33. SIGNATURE OF EMBALMER	
03/15/2023		LARRY METZGER RESIDENCE 3060 ISLAND DRIVE, REDDING, CA 96001		NOT EMBALMED	
34. TYPE OF DISPOSITION		35. LICENSE NUMBER		36. SIGNATURE OF LOCAL REGISTRAR	
CREMATE/RESIDENCE		FD2148		MICHAEL VOYAKES, M.D. MMI	
37. NAME OF FUNERAL ESTABLISHMENT		38. DATE mm/dd/yyyy		39. DATE mm/dd/yyyy	
CREMATION SIMPLICITY		03/09/2023		03/09/2023	
40. PLACE OF DEATH		41. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		42. CITY	
MERCY MEDICAL CENTER REDDING		2175 ROSALINE AVE		REDDING	
43. COUNTY		44. CAUSE OF DEATH		45. DEATH REPORTED TO CORONER	
SHASTA		Enter the chain of events - describe the event or events leading to death. DO NOT check "Other" unless you are a physician. DO NOT abbreviate.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
46. IMMEDIATE CAUSE (Final disease or condition resulting in death)		47. UNDERLYING CAUSE (Primary cause of death)		48. DEATH REPORTED TO CORONER	
MULTIPLE GUNSHOT WOUNDS		-		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN FIRST		50. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 49? (If yes, list type of operation and date)		51. DEATH REPORTED TO CORONER	
NONE		NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
52. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOME, DATE, AND PLACE STATED FROM THE CAUSES STATED.		53. SIGNATURE AND TITLE OF CERTIFYING		54. LICENSE NUMBER	
Decedent Attended Home		-		-	
55. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		56. LICENSE NUMBER		57. DATE mm/dd/yyyy	
-		-		-	
58. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOME, DATE, AND PLACE STATED FROM THE CAUSES STATED.		59. MANNER OF DEATH		60. EMPLOYED AT WORK	
-		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNC	
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		62. INJURY DATE mm/dd/yyyy		63. HOUR (24 Hour)	
HOME		02/09/2023		1748 EST	
64. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		65. SIGNATURE OF CORONER/DEPUTY CORONER		66. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
SUBJECT WAS SHOT BY LAW ENFORCEMENT		JOSHUA P DORSTAD		JOSHUA P DORSTAD, DEP CORONER	
67. LOCATION OF INJURY (Street and number, or location, and city, and zip)		68. DATE mm/dd/yyyy		69. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
3060 ISLAND DRIVE, REDDING, CA 96001		03/03/2023		JOSHUA P DORSTAD, DEP CORONER	
70. STATE REGISTRAR		71. FAX AUTH.		72. CENSUS TRACT	
A B C D E		-		-	

MICHAEL VOYAKES, M.D. MMI
REGISTRAR OF VITAL STATISTICS
SHASTA COUNTY HHS/PUBLIC HEALTHCERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SHASTA

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office.

DATE ISSUED

MAR / 16 / 2023

KAREN C. RAMSTROM, M.SPH
REGISTRAR OF VITAL STATISTICS
SHASTA COUNTY HHS/PUBLIC HEALTH

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

